



PREVAILING WAGE COMPLAINT FORM

The following information is necessary for the Prevailing Wage Office to investigate any claim against a Contractor or Subcontractor. Your identity will be kept confidential to the maximum extent possible under existing law.

1. PERSON SUBMITTING INFORMATION

| | | |
|--|------------------|------------------|
| NAME (FIRST, MIDDLE INITIAL, LAST) | CURRENT DATE | HIRE DATE |
| ADDRESS | TELEPHONE (HOME) | TELEPHONE (WORK) |
| CITY, STATE, ZIP | COUNTY | |
| EMPLOYMENT STATUS (PLEASE CHECK ONE) <input type="checkbox"/> PRESENT EMPLOYEE <input type="checkbox"/> FORMER EMPLOYEE (SPECIFY YOUR LAST DAY WORKED) _____ <input type="checkbox"/> OTHER (PLEASE SPECIFY) _____ | | |

2. EMPLOYER INFORMATION

| | |
|---------------------------|-----------|
| NAME OF EMPLOYER | TELEPHONE |
| ADDRESS | |
| CITY, STATE, AND ZIP CODE | COUNTY |

3. PROJECT INFORMATION

| | | | |
|---|--|--|--|
| THE EMPLOYER IS: <input type="checkbox"/> PRIME CONTRACTOR ON PROJECT <input type="checkbox"/> SUBCONTRACTOR | | | |
| PROJECT NAME | | COUNTY | CONTRACT NUMBER |
| ARE WAGE RATES POSTED AT THE JOB SITE BY YOUR EMPLOYER OR THE PRIME CONTRACTOR | <input type="checkbox"/> YES <input type="checkbox"/> NO | IS THIS PROJECT COMPLETE, OR IN CASE OF SUBCONTRACTOR IS SUBCONTRACTOR'S WORK COMPLETE | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| LIST YOUR JOB TITLE AND GIVE A BRIEF DESCRIPTION OF THE TYPE OF WORK YOU DO (OR DID) | | | |

ADDITIONAL COMMENTS:

Attach any documentation you have to support this complaint. (Check stubs, notices, policies, etc.)

SIGNATURE AND DATE OF PERSON FILING COMPLAINT

PRINTED NAME OF PERSON FILING COMPLAINT

To file this complaint: Fax to City of Memphis,
Prevailing Wage Office
Fax number: (901)576-6382

Or, mail to: City of Memphis, Prevailing Wage Office
125 North Main, Room 1B15 Memphis, Tennessee 38103
Phone: (901)576-6311